



TESTIMONY ON H.B. 5861 AAC Mentally Ill Individuals in Nursing Homes
Public Health Committee
March 12, 2008

Submitted By: Dominique S. Thornton, J.D.
Mental Health Association of Connecticut, Inc.

On behalf of the Mental Health Association of Connecticut, Inc. celebrating its 100th anniversary of advocating and working for everyone's mental health this year at our Centennial event May 6, 2008 at the Rocky Hill Marriott. All are invited to attend.

We would like to commend the Public Health Committee in support of **Raised Bill No. 5861 An Act Concerning Mentally Ill Individuals in Nursing Homes** and add that additional language should be included the bill to strengthen its effectiveness. I have attached the additional language. The Mental Health Association of Connecticut, Inc. strongly recommends the inclusion of two additional components that would require: 1) appropriate monitoring and tracking of treatment plans for people identified as having mental illnesses in nursing homes; 2) reporting of people identified as having mental illnesses to the appropriate Local Mental Health Authority within two weeks of nursing home admission for monitoring of mental health treatment and timely discharge planning. The need for more training in the area of mental health is an obvious barrier to the identification of and access to mental health services for the elderly. Even primary care physicians spend too little time evaluating mental health issues with their patients notwithstanding the evidence of symptoms of severe depression, according to an NIMH-funded study published in December 2007 in the **Journal of American Geriatrics Society**. How can we expect untrained nursing home staff to identify mental health symptoms without training to identify and refer appropriate follow up?

People over age 65 represent approximately 12 percent of the U.S. population but in Connecticut they will account for 30 percent of the population by 2030. It is anticipated that the number of people older than 65 years with psychiatric disorders will be one in four. It has been documented that people age 65 and over have the highest rate of successful suicide. The current health care system serves mentally ill older adults poorly and is unprepared to meet the upcoming crisis in geriatric mental health. In particular, MHAC is concerned that people with mental health issues are not warehoused in nursing homes inappropriately in the first instance. Secondly, if it is medically necessary to place a person in a nursing home, that they be afforded the mental health screening and follow up treatment that may allow them to recover and rejoin their families in the community at the soonest possible time. Community treatment is most cost effective in the long run. The cost of nursing home care has grown exponentially. Yet, community services can be provided at a fraction of those costs. In addition, the Supreme Court in the Olmsted decision requires that care be provided in the least restrictive environment.

Mental Health Association of Connecticut, Inc.

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Training to properly identify and follow up through interdepartmental cooperation are needed to assure that the staff at nursing home facilities can effectively review and refer for implementation the treatment plans for people with mental illnesses. This will ensure the adequacy and appropriate level of care, improve service delivery and promote recovery and potential return to the community saving costs. The lack of proper staff training and follow up with proper mental health care community services will result, as it has already resulted today, in the persons languishing in nursing homes who could be better served in the community and expending more money on more expensive nursing home care than is necessary. Without training, identification, diagnosis and follow up of appropriate services, the state will soon be facing an even greater crisis in the cost of nursing homes by virtue of the demographics of the aging baby boomer generation. I urge you to begin to find solutions to these issues today by passing Raised Bill 5861 with the attached additional language that will coordinate care from the Department of Public Health, the Department of Mental Health and Addiction Services and the Local Mental Health Authority for follow up. We need to more effectively improve and use the service delivery system to promote recovery. Thank you.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

The Department of Public Health shall consult with the Department of Mental Health and Addiction Services prior to finalizing its sample of residents to be reviewed in conducting its annual survey of a nursing home to identify persons admitted to the nursing home who were identified in the preadmission screening process as having a mental illness and had a level two assessment conducted to assure that a sample of these residents is included in the survey.

The survey for such residents shall include a comparison of the services recommended in the level two assessment with the plan of care currently being provided by the nursing home, and make specific findings with regard to the need for services to address the person's mental illness and potential for discharge to the community. The survey sample of residents who had level two assessments, shall include the greater of two files or twenty percent of the total number of resident files in the survey.

Nursing home staff shall notify the Department of Mental Health and Addiction Services or its contractor, within two weeks of the admission of individuals administered a level two assessment which confirmed a psychiatric diagnosis, and the Department of Mental Health and Addiction Services shall refer such individuals to the appropriate Local Mental Health Authority for follow up.

Statement of Purpose:

To ensure that the staff at nursing home facilities review and compare current treatment plans for people with mental illnesses with the recommended services from section H of the Level II Preadmission Screening termed "Recommendation for Client's Nursing Facility Care Plan", in order to ensure the adequacy of treatment, the right to treatment in the appropriate service system and level of care, improve service delivery, and promote recovery.